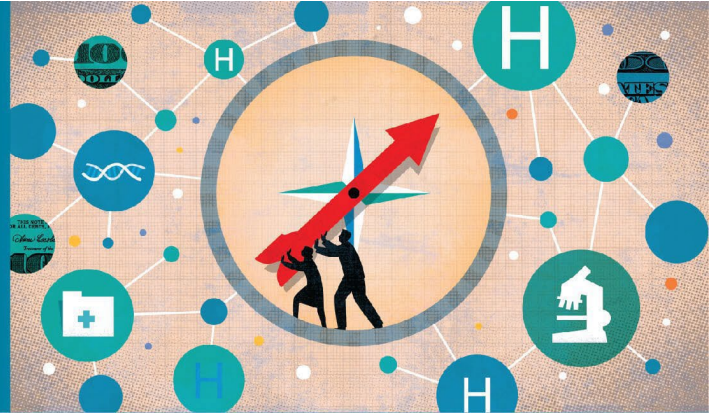


Hospital Indemnity

Providing supplemental hospital benefits for you and your family



Cash benefits paid to you

Hospital Indemnity plans pay employees a lump-sum cash benefit when they're hospitalized. These cash benefits pay in addition to other coverage. Benefits can be used however they choose: to help pay medical bills and cover everyday expenses. It can help them get back on their feet and back to work.

Here are some more benefits to you

- Receive a cash benefit regardless of any other insurance you have.
- Don't worry about a physical exam; it's not required.
- Pay your premiums through payroll deduction.

Here's how it works

You'll be reimbursed a specified amount for covered hospital confinement. Benefits are paid directly to you, and you can use the cash however you want. It's that simple.

Hospital Indemnity

Coverage type		Hospital Indemnity is a group policy form that includes coverage for inpatient confinement along with other benefits to pay expenses for hospital stays.	
Product	Policy Type:	Group	
	Policy Name:	Hospital Indemnity Insurance	
	Policy Form:	AS7007	
Eligibility	Issue Age:	Employee:	18-99
		Spouse:	18-99
		Child:	Under age 26
	Criteria:	- Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage. - Spouse includes domestic partner where allowed by state and Employer.	
	Termination Age:	- EE: Age 100 unless actively at work, then on last day of active employment. - SP: Age 100, or when Employee terminates, whichever is earlier. - Child: Age 26, or when Employee terminates, whichever is earlier.	
		Coverage Tier	Guarantee Issue
Underwriting Offer		Employee:	Guarantee Issue
		Spouse:	Guarantee Issue
		Child(ren):	Guarantee Issue
Target Participation	Minimum to Issue:	5 Employee enrolled or 1% of eligible Employees, whichever is greater.	
	Guarantee Issue:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment.	

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.

Benefits and Features

	Option One
Hospital Indemnity Daily Room and Board	\$150, Max 30 days per calendar year.
Intensive Care Daily Room and Board	\$150, Max 30 days per calendar year.
First Hospital Admission Non-ICU	\$1,500
First Hospital Admission ICU	\$1,500
Total Maximum Days	1 day per calendar year.
Health Screening/Wellness	\$100, Max 1 day per calendar year.
Pre-existing Condition Limitation	Waived
Maternity Waiting Period	Waived
Portability	None
Waiver of Premium	Included

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Definitions

HOSPITAL INDEMNITY ROOM AND BOARD BENEFIT: If a covered person is confined as an inpatient in a hospital, this benefit pays a daily benefit on day one (1) for the hospital room and board. Confinement must begin while the Certificate is in force; be for at least 18 hours; and be for a covered illness or injury. If this benefit is paid, then the Intensive Care Daily Room and Board Benefit is not paid. If the Covered Person has a stay in both the non-ICU room of the hospital and an ICU room on the same day, only one will be paid, either the Hospital Daily Room and Board benefit or the Intensive Care Daily Room and Board benefit, whichever is the greater amount.

INTENSIVE CARE DAILY ROOM AND BOARD BENEFIT: If a covered person is confined as an inpatient to an Intensive Care Unit, this benefit pays a daily benefit on day one (1) for the intensive care room and board. Confinement must on an inpatient basis; begin while the Certificate is in force; be for at least 18 hours; and be for a covered illness or injury. If this benefit is paid, then the Hospital Room and Board Benefit is not paid. If the Covered Person has a stay in both the non-ICU room of the hospital and an ICU room on the same day, only one will be paid, either the Hospital Daily Room and Board benefit or the Intensive Care Daily Room and Board benefit, whichever is the greater amount

FIRST HOSPITAL ADMISSION BENEFIT (NON-ICU): If a covered person is confined as an inpatient in a hospital for the first time during a year, pays a one-time lump sum. Hospital confinement must begin while the coverage is inforce; be for at least 18 hours as an inpatient; and be for a covered illness or injury. Benefit will not be paid if ICU Admission benefit is paid.

FIRST HOSPITAL ADMISSION BENEFIT (ICU): If a covered person is confined as an inpatient in a hospital ICU for the first time during a calendar year, pays a one-time lump sum per year. Hospital confinement must begin while the coverage is inforce; be for at least 18 hours as an inpatient; and be for a covered illness or injury. Benefit will not be paid if Non-ICU Admission benefit is paid.

HEALTH SCREENING/WELLNESS BENEFIT: If a Covered Person undergoes a Health Screening/Wellness examination for eligible preventative services, such as routine physical, exams, immunizations, blood tests, or age-appropriate screenings, We will pay the per day benefit shown on the Schedule of Benefits.

WAIVER OF PREMIUM: Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an Employee's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime Maximum. Issue age 18-64, terminates at age 65.

PRE-EXISTING CONDITION LIMITATION: If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations. This has been waived for this offer.

Benefit:	Semi-Monthly (24) premium			
	Employee	Employee/Spouse	Employee/Child(ren)	Family
Option 1	\$8.67	\$17.02	\$16.92	\$26.02

Note: Final implementation rate may vary slightly due to rounding